

P.O. Box 7005 Quincy, IL 217-223-8400 www.blessinghealthsystem.org

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FEB 27 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD

Ms. Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd floor Springfield, IL 62761

Dear Mrs. Avery,

Please find enclosed the corrected documentation for the Project Costs and Sources of Funds, page 61. If there are any questions please do not hesitate to contact me at the number below.

Sincerely,

Betty Kasparie

Blessing Corporate Services

Vice President, Audit, Risk & Compliance

(217) 223-8400 Ext. 6808

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

| Project Costs and Sources of Funds | | | | |
|--|------------|-------------|------------|--|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL | |
| Preplanning Costs | 142,062 | 16,581 | 158,643 | |
| Site Survey and Soil Investigation | 14,169 | 10,031 | 24,200 | |
| Site Preparation | 2,141,425 | 1,516,142 | 3,657,568 | |
| Off Site Work | 18,934 | 13,406 | 32,340 | |
| New Construction Contracts | 15,326,090 | 7,708,103 | 22,434,193 | |
| Modernization Contracts | | | | |
| Contingencies | | | | |
| Architectural/Engineering Fees | | | | |
| Consulting and Other Fees | 45,404 | 233,646 | 279,050 | |
| Movable or Other Equipment (not in construction contracts) | 3,892,315 | 4,317,262 | 8,209,578 | |
| Bond Issuance Expense (project related) | | | | |
| Net Interest Expense During Construction (project related) | 1,173,621 | 714,637 | 1,888,258 | |
| Fair Market Value of Leased Space or Equipment | | | | |
| Other Costs To Be Capitalized | | | | |
| Acquisition of Building or Other Property (excluding land) | | 1,229,538 | 1,229,538 | |
| TOTAL USES OF FUNDS | 24,646,048 | 16,236,913 | 40,882,962 | |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL | |
| Cash and Securities | 24,646,048 | 16,236,913 | 40,882,962 | |
| Pledges | | | | |
| Gifts and Bequests | | | | |
| Bond Issues (project related) | | | | |
| Mortgages | | | | |
| Leases (fair market value) | | | | |
| Governmental Appropriations | | ļ | | |
| Grants | | | <u> </u> | |
| Other Funds and Sources | | . <u>.</u> | | |
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NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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